Montana Laboratory Sentinel

Updates from the MT Laboratory Services Bureau
800-821-7284 www.lab.hhs.mt.gov
05/18/2012

Online Training Course: Lab Approach to the Diagnosis of Smallpox

Description:
Though smallpox has been eradicated, concerns remain that variola could be used as an agent of bioterrorism. As well, orthopoxvirus infections of humans are being increasingly recognized. An entire generation of health professionals and laboratorians have never clinically seen or diagnosed smallpox infections. Newly recognized monkeypox, vaccinia and cowpox infections often present as diagnostic dilemmas. Other poxvirus infections of humans, such as Molluscum contagiosum and parapoxvirus infections continue to cause protracted human disease. Differentiation of smallpox from other vesicular rash illnesses, such as varicella zoster may pose diagnostic challenges. Therefore, this six module program was developed by professionals for professionals, in order to provide education and insight into the world of poxviruses, their disease characteristics, and the methods utilized to provide accurate diagnoses.

Who Should Attend?
This online course is designed for public health and clinical laboratorians, clinicians, nurses, and epidemiologists interested in laboratory diagnosis of poxvirus infections, and safety professionals.

Continuing Education Credit:
Continuing education credits will not be offered for this course. A certificate of completion will be offered after the evaluation is completed.

Dates Program Will be Available:
February 1, 2012- February 2, 2013

Registration Fee:
There is no fee for this course.

Location: Self Study

CLICK HERE TO REGISTER
Click here to download course flyer

Bioterrorism Preparedness for Sentinel Laboratory Personnel

This informative one-day wet workshop will be held at Carroll College in Helena on Thursday, **July 26, 2012**. P.A.C.E. credit will be offered! Download the workshop announcement and application on our website: http://www.dphhs.mt.gov/publichealth/lab/news.shtml

Guidelines for Safe Work Practices in Human and Animal Medical Diagnostic Laboratories

This report offers guidance and recommends biosafety practices specifically for human and animal clinical diagnostic laboratories and is intended to supplement the 5th edition of *Biosafety in Microbiological and Biomedical Laboratories* (BMBL-5), developed by CDC and the National Institutes of Health. This document was written to

1) Improve the safety of activities in clinical diagnostic laboratories
2) Encourage laboratory workers to think about safety issues they might not previously have considered or addressed, and
3) Encourage laboratorians to create and foster a culture of safety in their laboratories.

This culture of safety is also supported by the Clinical and Laboratory Standards Institute. Work in a diagnostic laboratory entails safety considerations beyond the biological component; therefore, these guidelines also address a few of the more important day-to-day safety issues that affect laboratorians in settings where biological safety is a major focus.

Download the full report here.

DPHHS launches Facebook page

Page available at www.facebook.com/MTDPHHS

Montana Communicable Disease Weekly Update

Release date: 5/11/12

DISEASE INFORMATION

Summary – MMWR Week 18 - Ending 5/5/2012 – Preliminary disease reports received at DPHHS during the reporting period April 29 – May 5, 2012 included the following:

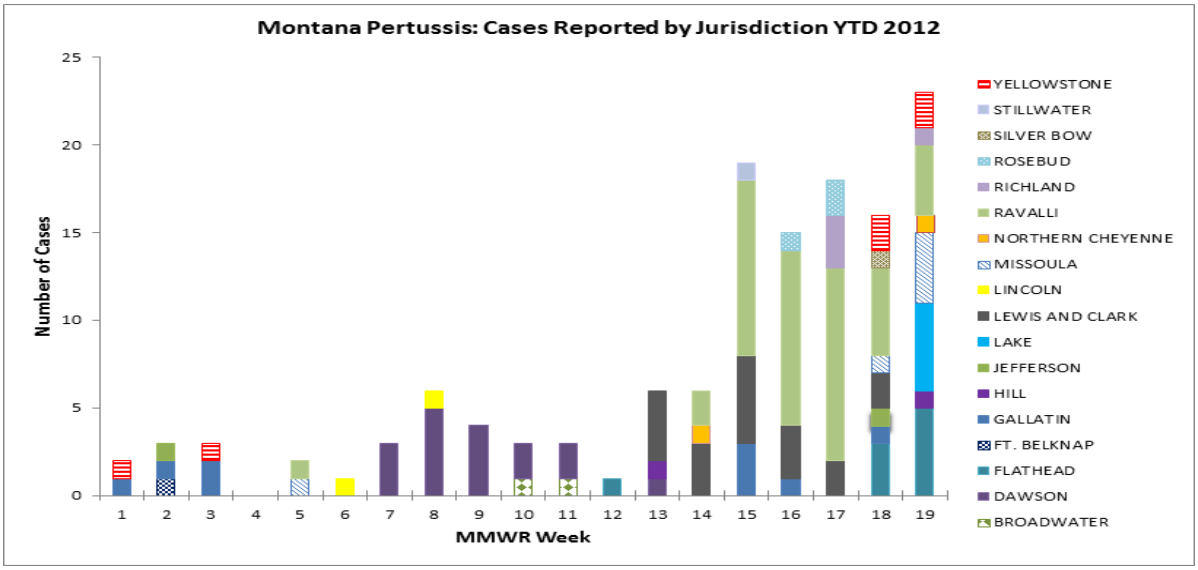
- **Vaccine Preventable Diseases:** Pertussis (16)
- **Invasive Diseases:** Viral meningitis, invasive (1)
- **Enteric Diseases:** Amebiasis (1), Campylobacteriosis (6), Cryptosporidiosis (3), Giardiasis (1), Salmonellosis (1), STEC (2)
- **HIV Disease*:** (0)
- **Other Diseases:** (0)
- **Animal Rabies:** (0)
- **Travel Related Conditions:** (0)

* *A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.*

NOTE: The attached report has multiple pages reflecting the following information: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases YTD; (3) cases just this past reporting week; (4) clusters and outbreaks; and (5) a quarterly HIV/STD summary.

HOT TOPICS

PERTUSSIS: Since January 1, 2012, 142 cases of pertussis have been reported statewide, compared to 55 cases for the same period last year. Through May 10th 2012, we have now exceeded all individual calendar year totals since 2005. See the data at the link below. Seventeen counties have now reported cases with numbers ranging from 1 to 47. The Pertussis Update for this week has been posted on the DPHHS website at Montana DPHHS Pertussis Update (5/11/2012). Below is information on cases by county by MMWR week through May 10, 2012.



Pertussis Case Reporting: *Please be sure to include any information on hospitalizations when reporting pertussis cases in infants to DPHHS.* On the case reporting forms (either in the Notes or on an additional page) include specific details about hospital admission, including name of the hospital, date of admission and discharge date. This helps us with our statewide surveillance of this at risk population for pertussis. Thank you for your cooperation! Your efforts are still having an impact.

Strong close contact investigation is key to success with emphasis upon the most at risk. **Please consult with DPHHS prior to engaging in any exclusion actions.** Each situation is unique and has its own set of circumstances that need to be carefully considered. This action is not a panacea that will solve all problems. It is a complex highly targeted intervention with many nuanced considerations.

A reminder from MTPHL on Pertussis Testing: As with any laboratory test, proper specimen collection is vital for accurate test results. When testing for *Bordetella pertussis* by Real-time PCR, the patient must be symptomatic in order for the result to be meaningful. A positive PCR test in an asymptomatic person is not considered a case of pertussis. PCR testing may be able to detect pertussis 3-4 weeks after the date of onset and may also be able to detect pertussis after a patient has been started on antibiotic therapy.

There are two options for properly obtaining the necessary columnar epithelial cells for *Bordetella pertussis* testing:

- ✓ **Nasopharyngeal Swab**: USE a flexible wire small dacron swab. Bend the flexible wire in a small arc, and insert the swab into the nostril back to the nasopharyngeal cavity. Slowly rotate the swab as it is being withdrawn. Place swab in sterile test tube without transport media. If culture is requested, a second NP swab can be taken and placed in Regan Lowe Transport media for culture.
- ✓ **Nasopharyngeal Wash/Aspirate:** Introduce 1-2 ml in sterile saline into nasopharyngeal cavity, aspirate into a sterile vial. Store in a cold condition until transport.

Note: Nasal or throat swabs are not recommended, and specimens submitted in viral transport media are not acceptable for PCR.

Specimen transport: Ensure specimens are labeled and complete a laboratory request form. Enclose specimen in a biohazard bag and appropriate shipping container. **NP swabs** in sterile tubes and **Regan Lowe Transport** media used for culture can be transported at ambient (room) temperature. **Nasal washes or aspirates** must be transported in a cold condition (blue ice packs in a Styrofoam cooler).

For more information, please contact the Montana Public Health Laboratory at 1-800-821-7284.

Resources for combatting Pertussis are always available on the TCC and do not hesitate to contact CDEpi staff for any assistance we can offer at ***406.444.0273.***

Influenza (Regional): Only a few more weeks now. The CDC weekly flu report is available and downloadable at CDC FluView. We have still seen a few facility based outbreaks and have had 7 hospitalizations and 2 deaths this year associated with influenza. The country continues to see a decline

in the geographic dispersion of cases with an ever larger majority of states now only reporting sporadic cases.

Circulating strains that have been identified are still Influenza A/H3, Influenza A/H1, and Influenza B. All three strains are represented in this season's vaccine. The Montana Laboratory Services webpage has influenza laboratory testing data for both A and B at the following link: DPHHS Montana Public Health Lab.

Please continue to update and/or fill out your **Weekly County Flu Reports**. This is important throughout the remainder of the influenza season (06/02/2012) even as case numbers decline.

INFORMATION / ANNOUNCEMENTS

iLinc : Mark your Calendars May 22nd and May 24th. Topic: "Clusters and Outbreaks: Notification and Reporting"

Description: Notification and reporting of clusters and outbreaks by local health jurisdictions to DPHHS, and by DPHHS to CDC, is evolving. This iLinc provides an update and overview on:

- How to notify DPHHS/CDEpi of a cluster or outbreak in your jurisdiction using the new Outbreak/Cluster Notification form.
- Montana participation in National Outbreak Reporting System (NORS)
- Introduction to using LHJ data to create investigation reports for NORS.

Speaker / Leader: Allison Bishop, MPH, BSN, CPH; CDEpi Epidemiologist

Date: Tuesday, May 22nd

Time: 9:00 - 10:00 am

iLinc Link: https://nwcphp.ilinc.com/register/krxmkhx

Date: Thursday, May 24th

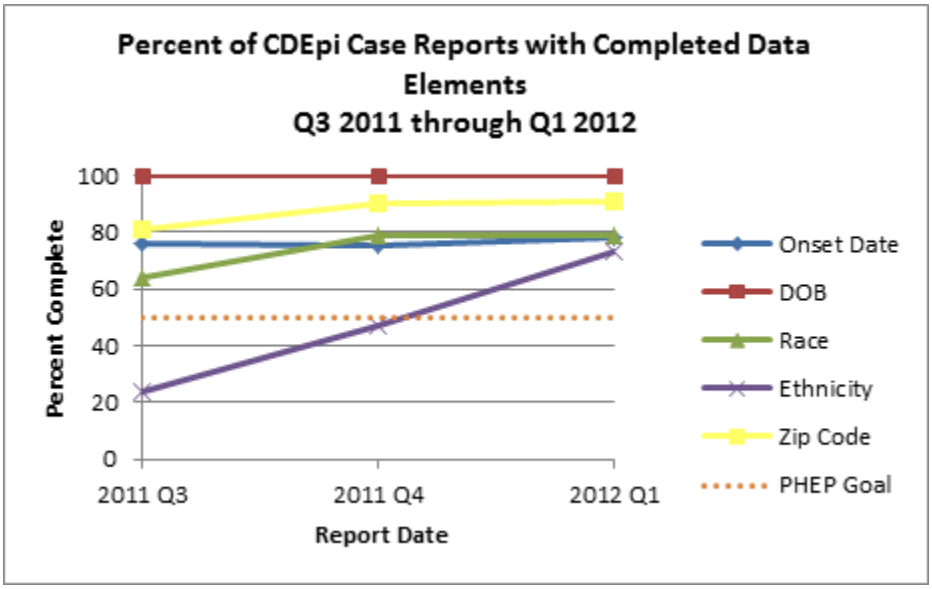
Time: 2:00 - 3:00 pm

iLinc Link: https://nwcphp.ilinc.com/register/bfjcbzx

Update on PHEP EPI Deliverable E7: *We have accomplished our goals set last year in the Epi Deliverables or rather local health jurisdictions have.* This is the first time we have utilized mid-term outcome oriented measurable indicators instead of pure process measures. We are now beginning to use data to drive our improvement processes.

Statewide data completeness has increased over the last several quarters. As an example, data completeness for Ethnicity has increased from 24% in the third quarter of 2011 to 73% for the first

quarter of 2012. Completeness of all five elements is shown in the chart below. **Thank you for your efforts to surpass the goal of 50% for all five data elements and keep up the good work!**



24/7 AVAILABILITY

The Communicable Disease Epidemiology program is available 24 hours a day/7days a week/365 days a year but is primarily directed toward you as local health jurisdictions with us as a last resort. If you need us to assist, please call 406.444.0273 if you need immediate communicable disease epidemiology assistance, the answering service will take a message and we will return the call as quickly as possible or be linked directly. Please ensure that your required 24/7 information is up to date and reported to us or the Public Health Emergency Preparedness program if changes occur. Please ensure that you communicate YOUR local 24/7/365 number to your local providers.

This update is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: *http://cdepi.hhs.mt.gov*